

1. Incident Name Raritan Bay Slag	2. Operational Period (Date/Time) From: 20May09-22May09	INCIDENT OBJECTIVES ICS 202-CG
3. Objective(s) <ol style="list-style-type: none"> 1. Ensure the safety and health of all Coast Guard response personnel. 2. Maximize training opportunities for all personnel. 3. Conduct loadout and deployment of all response equipment in a safe and efficient manner. 4. Conduct all operations IAW with COMDT, NSF, and AST SOP. 5. Maximize interoperability with key stakeholders and partner agencies. 		
4. Operational Period Command Emphasis (Safety Message, Priorities, Key Decisions/Directions) <ol style="list-style-type: none"> 1. Crew safety is paramount. Be mindful of fatigue while traveling. Stay awake, stay alert, stay alive. 2. Ensure proper hydration throughout deployment. 3. Comply with all applicable highway laws and regulations. 4. Comply with all Nav rules and AST Nav Standards. <p>Approved Site Safety Plan Located in: Incident Action Plan</p>		
5. Prepared by: (Planning Section Chief) BM1 McDonnell		Date/Time 17May09

1. Incident Name Raritain Bay Slag		2. Operational Period (Date/Time) From: 20May09 To: 22May09		Assignment List ICS 204-CG																																																																															
3. Branch		4. Division/Group/Staging Recon Group																																																																																	
5. Operations Personnel <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; text-align: center;">Name</td> <td style="width: 30%; text-align: center;">Affiliation</td> <td style="width: 40%; text-align: center;">Contact # (s)</td> </tr> <tr> <td colspan="3">Operations Section Chief: _____</td> </tr> <tr> <td colspan="3">Branch Director: _____</td> </tr> <tr> <td colspan="3">Division/Group Supervisor/STAM: BM1 McDonnell</td> </tr> </table>						Name	Affiliation	Contact # (s)	Operations Section Chief: _____			Branch Director: _____			Division/Group Supervisor/STAM: BM1 McDonnell																																																																				
Name	Affiliation	Contact # (s)																																																																																	
Operations Section Chief: _____																																																																																			
Branch Director: _____																																																																																			
Division/Group Supervisor/STAM: BM1 McDonnell																																																																																			
6. Resources Assigned <div style="text-align: right; font-size: small;">"X" indicates 204a attachment with additional instructions</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Strike Team/Task Force/Resource Identifier</th> <th style="width: 15%;">Leader</th> <th style="width: 15%;">Contact Info. #</th> <th style="width: 10%;"># Of Persons</th> <th style="width: 35%;">Reporting Info/Notes/Remarks</th> <th style="width: 5%;"></th> </tr> </thead> <tbody> <tr> <td>Recon group</td> <td>BM1 McDonnell</td> <td>(609) 439-3216</td> <td>03</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>						Strike Team/Task Force/Resource Identifier	Leader	Contact Info. #	# Of Persons	Reporting Info/Notes/Remarks		Recon group	BM1 McDonnell	(609) 439-3216	03		<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>
Strike Team/Task Force/Resource Identifier	Leader	Contact Info. #	# Of Persons	Reporting Info/Notes/Remarks																																																																															
Recon group	BM1 McDonnell	(609) 439-3216	03		<input type="checkbox"/>																																																																														
					<input type="checkbox"/>																																																																														
					<input type="checkbox"/>																																																																														
					<input type="checkbox"/>																																																																														
					<input type="checkbox"/>																																																																														
					<input type="checkbox"/>																																																																														
					<input type="checkbox"/>																																																																														
					<input type="checkbox"/>																																																																														
					<input type="checkbox"/>																																																																														
					<input type="checkbox"/>																																																																														
					<input type="checkbox"/>																																																																														
					<input type="checkbox"/>																																																																														
7. Work Assignments Conduct safe and efficient U/W OPS. U/W OPS in accordance with CG and unit Nav Standard.																																																																																			
8. Special Instructions Conduct all work assignments IAW the approved Site Safety Plan. Ensure proper PPE is utilized. Adhere to all applicable highway laws and regulations. Maintain proper situational awareness and ensure adequate hydration throughout deployment Adhere to all Nav standards and Nav rules.																																																																																			
9. Communications (radio and/or phone contact numbers needed for this assignment) <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><u>Name/Function</u></td> <td style="width: 20%;"><u>Radio: Freq./System/Channel</u></td> <td style="width: 15%;"><u>Phone</u></td> <td style="width: 15%;"><u>Cell/Pager</u></td> <td style="width: 20%;"></td> </tr> <tr> <td>See Comms Plan (ICS 205)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> Emergency Communications Medical 911 _____ Evacuation _____ Other Follow Medical Plan (ICS 206) _____						<u>Name/Function</u>	<u>Radio: Freq./System/Channel</u>	<u>Phone</u>	<u>Cell/Pager</u>		See Comms Plan (ICS 205)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____																																																										
<u>Name/Function</u>	<u>Radio: Freq./System/Channel</u>	<u>Phone</u>	<u>Cell/Pager</u>																																																																																
See Comms Plan (ICS 205)	_____	_____	_____	_____																																																																															
_____	_____	_____	_____	_____																																																																															
_____	_____	_____	_____	_____																																																																															
10. Prepared by: BM1 McDonnell		Date/Time 17May09		11. Reviewed by (PSC): Date/Time																																																																															
12. Reviewed by (OSC):		Date/Time																																																																																	

ASSIGNMENT LIST (ICS 204-CG)

Purpose. The Assignment List(s) informs Division and Group supervisors of incident assignments. Once the Unified Command and General Staff agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

Preparation. The Assignment List is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202-CG), Operational Planning Worksheet (ICS 215-CG), and the Operations Section Chief. The Assignment List must be approved by the Planning Section Chief and Operations Section Chief. When approved, it is included as part of the Incident Action Plan (IAP). Specific instructions for specific resources may be entered on an ICS 204a-CG for dissemination to the field. A separate sheet is used for each Division or Group. The identification letter of the Division is entered in the form title. Also enter the number (roman numeral) assigned to the Branch.

Special Note. The Assignment List, ICS 204-CG submits assignments at the level of Divisions and Groups. The Assignment List Attachment, ICS 204a-CG shows more specific assignment information, if needed. The need for an ICS 204a-CG is determined by the Planning and Operations Section Chiefs during the Operational Planning Worksheet (ICS 215-CG) development.

Distribution. The Assignment List is duplicated and attached to the Incident Objectives and given to all recipients of the Incident Action Plan. In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms MUST be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies.
3.	Branch	Enter the Branch designator.
4.	Division/Group/Staging	Enter the Division/Group/Staging designator.
5.	Operations Personnel	Enter the name of the Operations Chief, applicable Branch Director, and Division Supervisor.
6.	Resources Assigned	Each line in this field may have a separate Assignment List Attachment (ICS 204a-CG). Enter the following information about the resources assigned to Division or Group for this period:
	Identifier	List identifier
	Leader	Leader name
	Contact Information	Primary means of contacting this person (e.g., radio, phone, pager, etc.). Be sure to include area code when listing a phone number.
	# Of Persons	Total number of personnel for the strike team, task force, or single resource assigned.
	Reporting Info/Notes/Remarks	Special notes or directions, specific to this strike team, task force, or single resource. Enter an "X" check if an Assignment List Attachment (ICS 204a-CG) will be prepared and attached. The Planning and Operations Section Chiefs determine the need for an ICS 204a-CG during the Operational Planning Worksheet (ICS 215-CG) development.
7.	Work Assignment	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.
8.	Special Instructions	Enter a statement noting any safety problems, specific precautions to be exercised, or other important information.
9.	Communications	Enter specific communications information (including emergency numbers) for this division /group. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205-CG). Note: Phone numbers should include area code.
10.	Prepared By	Enter the name of the person completing the form, normally the Resources Unit Leader.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).
11.	Reviewed by (PSC)	Enter date (month, day, year) and time prepared (24-hour clock).
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).
12.	Reviewed by (OSC)	Enter the name of the operations person reviewing the form, normally the Operations Section Chief.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

[illegible]

COMMUNICATIONS LIST (ICS 205a-CG)

Special Note. This optional form is used in conjunction with the Incident Radio Communications Plan, ICS 205-CG. Whereas the ICS 205-CG is used to provide information on all radio frequencies down to the Division/Group level, the Communications List, ICS 205a-CG, lists methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.), and functions as an incident directory.

Purpose. The Communications List records methods of contact for personnel on scene.

Preparation. The Communications List can be filled out during check-in and is maintained and distributed by Communications Unit personnel.

Distribution. The Communications List is distributed within the ICS and posted, as necessary. All completed original forms **MUST** be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies.
3.	Basic Local Comms Information Assignment Name Method(s) of contact	Enter the communications methods assigned and used for each assignment. Enter the ICS Organizational assignment. Enter the name of the contact person for the assignment. Enter the radio frequency, telephone number(s), etc. for each assignment.
4.	Prepared By Date/Time	Enter the name of the Communications Unit Leader preparing the form. Enter date (month, day, year) and time prepared (24-hour clock).

[illegible]

INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS FORM 215ACG)

Purpose: The purpose of this worksheet is to aid the Safety Officer in completing an operational risk assessment to prioritize hazards and develop appropriate controls.

Preparation: During the Incident Action Planning cycle where the Operations Section Chief (OSC) is preparing for the tactics meeting, the Safety Officer works alongside the OSC and completes the Incident Action Plan Safety Analysis. This sheet mirrors the ICS 215 form. Work assignments are listed along with associated hazards. A calculation is made that determines what level of risk each work assignment poses. For those assignments having significant risk, controls are developed for safeguarding responders. The net risk is evaluated against the gain. The Incident Commander should be alerted to all safety hazards that receive an amber or red GAR rating after controls have been established.

Distribution: The Operational Hazard Worksheet is attached to the Incident Site Safety Plan and is distributed according to the instruction for Site Safety Plans.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) and time prepared.
3	Division/Group	Enter the Branch, Division or Group title in abbreviated form.
4	Work Assignment	List the work assignment for each Branch, Division or Group.
5	Gain	Check the gain that is achieved when the work assignment is accomplished.
6	Hazards	Using the Operational Hazard/Control Worksheet Aid, list the type of hazards likely to be encountered for the work assignment. Place a check mark in the box below the hazard.
7	Controls	Using the Operational Hazard/Control Worksheet Aid, list the type of controls likely to be used for addressing the hazards listed. Place a check mark in the box below the control.
8	GAR	Using the "Key" below, assign a number from 1 to 5 based on the level of severity, probability and exposure. Severity is an event's potential consequences in terms of degree of damage, injury, or impact on a mission. Probability is the likelihood an individual event will occur. Exposure is the amount of time, number of cycles, number of people involved, and/or amount of equipment involved in a given event, expressed in time, proximity, volume, or repetition. Multiply all numbers together to get a total. Enter this number into the total column. Gar means Green , Amber , Red . Using the GAR scale on the bottom of the sheet, assign a color, risk level or action phrase in this block.
9	Prepared by	Enter the name of the person who completed this worksheet.

Raritan Bay Slag project Vehicle Plan and Itinerary

Itinerary

Wednesday, May 22:

- **0700: Muster in the lavache and commence personnel gear load out**
- **0800: Depart AST en-route Old Bridge NJ Heavy Metal Marina to launch 23' UTL.**
- **0930: Arrive boat ramp and splash boat.**

Thursday, May 23:

- **TBD: Commence FTX at VI Port Authority**

Friday, May 24:

- **0900: Depart St. Croix enroute to McGuire AFB**

Vehicles

BM1 McDonnell CDL/COX

MK1 Mitchell CDL/CREW

MK1 Foster CDL/ BI CREW

F-350 to tow the 23' UTL to its destinations.

1. Incident Name Raritan Bay Slag		2. Operational Period (Date / Time) From: 20May09 To: 22May09		MEDICAL PLAN ICS 206-CG		
3. Medical Aid Stations						
Name	Location	Contact #	Paramedics On site (Y/N)			
4. Transportation						
Ambulance Service	Address	Contact #	Paramedics On board (Y/N)			
911	See Below	911	N/A			
5. Hospitals						
Hospital Name	Address	Contact #	Travel Time		Burn Ctr?	Heli-Pad?
			Air	Ground		
Governor Luis Hospital & Med Center	4007 Estate Diamond Ruby	(340) 778-6311	N/A	10 Min	N	Y
6. Special Medical Emergency Procedures Notify/RS/COX immediately of any potential emergencies.						
7. Prepared by: BM1 McDonnell		Date/Time 17May09	8. Reviewed by: (Safety Officer)		Date/Time	
MEDICAL PLAN			ICS 206-CG (Rev.07/04)			

BOAT MISSION RECORD

Date_____

Boat Type

32 FT MUNSON

RHI

WORKPUNT

23FT

Time Departed Unit _____

Time Returned _____

Total hrs _____

Time underway_____

Time moored_____

Total hrs _____

Day _____

Night _____

Boat Crew

Coxswain _____

Engineer _____

Crewmen _____

Others _____

Trailer

Driver _____

Passenger _____

SORTIE TYPE

MER

SAR

MLE

TRA

Description of mission and training:

Ensure boat is refueled and ready for the next mission and turn BMR into BMR folder.
Ensure Boat Check is put in Boat Check folder.

Coxswain signature _____

Entered into AOPS signature _____ Date _____

TRAINING CONDUCTED BY: _____

COXSWAIN _____

CREWMAN _____

(COXN): CONDUCT PRE-START CHECK AND START THE BOAT	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
(COXN): SECURE THE BOAT	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
(COXN): NAVIGATION AND PILOTING (NIGHT)	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
(COXN): NAVIGATION AND PILOTING (DAY)	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
NIGHT BOAT OPERATIONS, USE TO TRACK NIGHT U/W HOURS	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
(CREW/ENG) STERN/ALONGSIDE TOW	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
(COXN) STERN/ALONGSIDE TOW	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
BOAT TRAILERING	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
(CREW/ENG): BOAT HANDLING (NIGHT)	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
(CREW/ENG): BOAT HANDLING (DAY)	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
(CREW/ENG): AS HELMSMAN, GET U/W FROM PIER/DOCK (DAY)	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
(CREW/ENG): AS HELMSMAN, MOOR TO PIER/DOCK (DAY)	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
MAN OVERBOARD (DAY)	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
OPERATIONAL RISK MANAGEMENT	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
FIRST AID: BURNS, HYPOTHERMIA, SHOCK, BLEEDING	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
OPEN WATER SURVIVAL: TEN MINUTE SURVIVAL EXERCISE	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
ANCHORING	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
BOAT FAMILIARIZATION	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
ENGINEERING CASULTIES			
LOSS OF CONTROL ENGINE RPM/OVERSPEED	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
LOW VOLTAGE ALARM	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
LOSS OF LUBE OIL PRESSURE UTL/TANB	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
LOSS OF FUEL OIL PRESSURE	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
ENGINE FIRE (DAY)	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
COLLISION WITH SUBMERGED OBJECT	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
ENGINE HIGH WATER TEMPERATURE	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
LOSS OF STEERING (HYDRAULICS)	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
ACCIDENTAL GROUNDING	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
LOSS OF STEERING (JAMMED RUDDER)	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF
DEWATERING	32' PWB/UTM	23'/17' UTL	WK PUNT/SKIFF

23 ft check offs

Main Deck

	Amount	Sat	Un-Sat
Keys	2		
Kill cords	2		
50 ft heaving line throw bag	2		
Fenders	2		
Fire extinguisher	1		
Boat hook	1		
Life ring	1		
Strobe light	1		
Tow line	1		

Leaning Post

	Amount	Sat	Un-Sat
Chart card pelican case	1		
Fuel log	1		
Fuel Card/Fuel depot key	1		
First aid kit	1		
Spare kill cords	2		
Mouth reed	1		
Spot light	1		
Binos	1		

Fwd compartment

	Amount	Sat	Un-Sat
15 lb Anchor/6ft chain	1		
Grapnel hook	1		
145ft Anchor/ Grapnel line	1		
20ft mooring lines by 3/4"	2		
30 ft mooring lines by 3/4"	2		
13 ft Skiff hook line	1		
Green bag w/ asst shackles	1		
Nav kit	1		
Tool kit	1		
PFD's	4		

Function check

		Sat	Un-Sat
Radar			
Nav tracker			
Fathometer			
VHF radio			
Blue light			
Combo light			
Anchor/Stern light			
Docking lights			
Fwd deck lights			
Aft deck lights			
Horn			

Chart card pelican case

	Amount	Sat	Un-Sat
Pass. Bay - Narragansett	1		
Shinnecock - Albemarle	1		
Cape Cod/Lont Isl/Hud R.	1		

Nav Kit

	Amount	Sat	Un-Sat
Dividers	2		
weems	1		
speed wheel	1		
Nav rules	1		
Note book	1		
Pens/ Pencils			
Chart 12312	1		
Chart 12313	1		
Chart 12314	1		
Chart 12316	1		
Chart 12318	1		

Check done by _____ Date _____

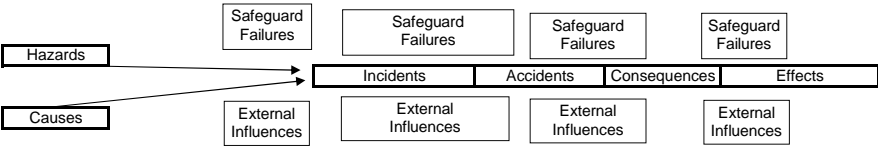
Comments _____

OPERATIONAL HAZARD WORK SHEET				1. Incident Name		2. Date Prepared Time Prepared		3. Operational Period (Date/Time)		
4. Division/ Group or Other Location	5. Work Assignments	Supervision	Planning	Crew Selection	Crew Fitness	Environment	Event/Evolution Complexity	Key	6. Totals	7. Gain
								Green =0-23 Amber = 24-44 Red = 45-60	0	Human Health Security Environment EconomyProperty
								Green =0-23 Amber = 24-44 Red = 45-60	0	Human Health Security Environment EconomyProperty
								Green =0-23 Amber = 24-44 Red = 45-60	0	Human Health Security Environment EconomyProperty
								Green =0-23 Amber = 24-44 Red = 45-60	0	Human Health Security Environment EconomyProperty
								Green =0-23 Amber = 24-44 Red = 45-60	0	Human Health Security Environment EconomyProperty
								Green =0-23 Amber = 24-44 Red = 45-60	0	Human Health Security Environment EconomyProperty
								Green =0-23 Amber = 24-44 Red = 45-60	0	Human Health Security Environment EconomyProperty
								Green =0-23 Amber = 24-44 Red = 45-60	0	Human Health Security Environment EconomyProperty
								Green =0-23 Amber = 24-44 Red = 45-60	0	Human Health Security Environment EconomyProperty
8. Totals								Prepared by (Name and Position)		

Number	Probability Score	Odds	Probability Score	Minor 100.00	Moderate 10,000.00	Major 3,000,000.00
8 Continuous	100.00		100.00	30,000.00	3,000,000.00	300,000,000.00
7 Very Frequent	55.00	1/week	55.00	16,500.00	1,650,000.00	165,000,000.00
6 Frequent	5.50	1/month	5.50	1,650.00	165,000.00	16,500,000.00
5 Occasional	0.55	1 per 3 yrs	0.55	165.00	16,500.00	1,650,000.00
4 Probable	0.0550000000	10% per 3 yrs	0.0550000000	16.50	1,650.00	165,000.00
3 Improbable	0.0055000000	1% per 3 yrs	0.0055000000	1.65	165.00	16,500.00
2 Rare	0.0005500000	1 in 1,000	0.0005500000	0.17	16.50	1,650.00
1 Remote	0.0000550000	1 in 5,000	0.0000550000	0.02	1.65	165.00
0 Incredible	0.0000055000	1 in 100,000	0.0000055000	0.00	0.17	16.50

	Safety	Environmental	Economic
Major (1)	1 or more deaths/ carcinogens	Long term disruption of ecosystem	> or = \$3 million
Moderate (2)	Hospitalized injury/lost workdays	Short term disruption of ecosystem	> or = \$10,000 to \$3 million
Minor (3)	First aid injury	Minimal acute impact	> or = \$100.00 to \$10,000

Accident	Safety Probability	Consequence	Environmental Probability	Consequence	Economic Probability	Consequence	Risk #	Action
Ship falls from slings	0.0055000	3.00	0.0550000	2.00	0.0000550	3.00	1651.67	Consider Risk Reduction
	<i>Improbable</i>	<i>Minor</i>	<i>Probable</i>	<i>Moderate</i>	<i>Remote</i>	<i>Minor</i>		



Preliminary Risk Assessment combined with Operational Risk Management

Number		Accident	Significant		Safeguards	Consequence	Probability	Exposure	Number	Risk	Action	Certainty	Gain	Recommendations
1.1			Contributors						0.00	None	None	High		
1.2									0.00	None	None	High		
1.3									0.00	None	None	Medium		

Consequence

	Score	Safety	Environmental Impact	Economic Impact	Mission Economic Impact
No Potential	0.00	0.00	0.00	0.00	0.00
Slight	1.00	-	-	<\$100.00	<\$100.00
Minimal	2.00	Injury requiring first aid	Minimal, no disruption to ecosystem	\$100.00 to \$10,000.00	\$100.00 to \$10,000.00
Significant	3.00	Injury requiring hospitalization or lost work days	Short term disruption to ecosystem	\$10,000.00 to \$3 million	\$10,000.00 to \$3 million
Major	4.00	Injury/illness permanent but not causing disability	Long term disruption to ecosystem	>\$3 million	>\$3 million
Catastrophic	5.00	One or more deaths or permanent disability	Permanent devastation to ecosystem	>\$20 million	>\$20 million

Probability**% Chance**

0.00	Impossible	0.00	
1.00	Remote under any conditions	0.50	Five in 1,000
2.00	Unlikely under any conditions	5.00	
3.00	About 50-50	50.00	
4.00	Greater than 50%	>50.00	
5.00	Very Likely to Happen	>90.00	

Exposure

Amount of time, # People, # Impacts

0.00	None
1.00	Below Average
2.00	Average
3.00	Above Average
4.00	Great

Consequence	Probability	Exposure	Number	Risk	Action
5.00	3.00	3.00	45.00	Substantial	Correction Required

	Consequence					
	Score	Safety	Environmental Impact	Economic Impact	Mission Economic Impact	
No Potential	0.00	0.00	0.00	0.00	0.00	
Slight	1.00	-	-	<\$100.00	<\$100.00	
Minimal	2.00	Injury requiring first aid	Minimal, no disruption to ecosystem	\$100.00 to \$10,000.00	\$100.00 to \$10,000.00	
Significant	3.00	Injury requiring hospitalization or lost work days	Short term disruption to ecosystem	\$10,000.00 to \$3 million	\$10,000.00 to \$3 million	
Major	4.00	Injury/illness permanent but not causing disability	Long term disruption to ecosystem	>\$3 million	>\$3 million	
Catastrophic	5.00	One or more deaths or permanent disability	Permanent devastation to ecosystem	>\$20 million	>\$20 million	
	Probability					
	0.00	Impossible				
	1.00	Remote under any conditions				
	2.00	Unlikely under any conditions				
	3.00	About 50-50				
	4.00	Greater than 50%				
	5.00	Very Likely to Happen				
	Exposure	Amount of time, # People, # Impacts				
	0.00	None				
	1.00	Below Average				
	2.00	Average				
	3.00	Above Average				
	4.00	Great				
Consequence	Probability	Exposure	Number	Risk	Action	Certainty
3.00	2.00	2.00	12.00	Slight	Possibly Acceptable	High

>0 Consider >12 Strongly Consider

Event	Date	Benefit Factors	Score	Suitability	Cost Factors	Cost	Impact Probability	Score	Recommendation
RRT1	12/1/2003	Partnering	3	3	Crew service	3.00	3.00		
		Marketing	3	3	External deadlines	2.00	2.00		
		Info sharing	3	3					
		Average	3.00	3.00	Average	2.50	2.50	2.75	Consider
Dye Chemicals	12/1/2003	Partnering	3	2	Crew service	3.00	3.00		
		Marketing	3	2					
		Average	3.00	2.00	Average	2.00	3.00	0.00	Don't do?

[illegible]

ORM WORKSHEET		1. Incident		3. Operational Period		4. Major Mission																	
Tasks	Hazards			Sev	Prob	Exp	Orig Risk	Controls		Revised Risk	Recommended Courses of Action												
SEVERITY: None= 0 Slight = 1 Minimal = 2 Significant = 3 Major = 4 Catastrophic 5	EXPOSURE ASSESSMENT INFLUENCES: E=environmental, T=time, S=source, H=human, Will the influence increase (+), decrease (-) or do nothing to the severity of the hazard.						PROBABILITY: Impossible = 0 Remote = 1 Unlikely = 2 About 50-50= 3 Greater than 50%= 4 Very likely to happen= 5			EXPOSURE: (# People, time, impacts) None = 0 Below Average = 1 Average = 2 Above Average = 3 Great = 4													
Risks (High, Med, Low)		Gains (H, M L)				<table border="1"> <thead> <tr> <th>#</th> <th>Risk</th> </tr> </thead> <tbody> <tr> <td>80-100</td> <td>Very High, Discontinue/Stop</td> </tr> <tr> <td>60-79</td> <td>High, Immediate Correction</td> </tr> <tr> <td>40-59</td> <td>Substantial, Correction needed</td> </tr> <tr> <td>20-39</td> <td>Possible, Attention needed</td> </tr> <tr> <td>1-19</td> <td>Slight, Possibly acceptable.</td> </tr> </tbody> </table>						#	Risk	80-100	Very High, Discontinue/Stop	60-79	High, Immediate Correction	40-59	Substantial, Correction needed	20-39	Possible, Attention needed	1-19	Slight, Possibly acceptable.
#	Risk																						
80-100	Very High, Discontinue/Stop																						
60-79	High, Immediate Correction																						
40-59	Substantial, Correction needed																						
20-39	Possible, Attention needed																						
1-19	Slight, Possibly acceptable.																						
Coast Guard Personnel		Category	Save	Protect	Mitigate																		
Other Agency Persons		Security																					
Private Response		Health																					
Coast Guard Property		t																					
Other Agency Property		Property																					
Private Property		Economy																					

OPERATIONAL HAZARD WORK SHEET				1. Incident Name		2. Date Prepared Time Prepared		3. Operational Period (Date/Time)		
4. Division/ Group or Other Location	5. Work Assignments	Supervision	Planning	Crew Selection	Crew Fitness	Environment	Event/Evolution Complexity	Key	6. Totals	7. Gain
								Green =0-23 Amber = 24-44 Red = 45-60		Human Health Security Environment EconomyProperty
								Green =0-23 Amber = 24-44 Red = 45-60		Human Health Security EconomyProperty
								Green =0-23 Amber = 24-44 Red = 45-60		Human Health Security Environment EconomyProperty
								Green =0-23 Amber = 24-44 Red = 45-60		Human Health Security Environment EconomyProperty
								Green =0-23 Amber = 24-44 Red = 45-60		Human Health Security Environment EconomyProperty
								Green =0-23 Amber = 24-44 Red = 45-60		Human Health Security Environment EconomyProperty
								Green =0-23 Amber = 24-44 Red = 45-60		Human Health Security Environment EconomyProperty
								Green =0-23 Amber = 24-44 Red = 45-60		Human Health Security Environment EconomyProperty
								Green =0-23 Amber = 24-44 Red = 45-60		Human Health Security Environment EconomyProperty
8. Totals								Prepared by (Name and Position)		

Training/Conference Attendance

	Suitability	Criticality	Efficiency	Impact to Unit
High	3	3	3	3
Medium	2	2	2	2
Low	1	1	1	1

Guidance

<4	No go
4 to 6	Requires XO/Ops Approval
7 to 9	Consider

Event/Project:

Date/time:

**B
e
n
e
f
i
t**

		Suitability				
		Poor	Below Avg	Avg	Above Avg	Superb
		1	2	3	4	5
Negligible	1	1	2	3	4	5
Marginal	2	2	4	6	8	10
Beneficial	3	3	6	9	12	15
Critical	4	4	8	12	16	20
Essential	5	5	10	15	20	25

1
2
3
4
5

Benefits:

SUBTRACT

**C
o
s
t**

		Probability				
		Remote	Unlikely	50/50	>50	>90
		1	2	3	4	5
Negligible	1	1	2	3	4	5
Marginal	2	2	4	6	8	10
Beneficial	3	3	6	9	12	15
Critical	4	4	8	12	16	20
Essential	5	5	10	15	20	25

1
2
3
4
5

Costs:

Key:	
<0	Consider not doing
>0	Consider
>12	Strongly consider

Notes: